

**CLAIMS ONLY**

 Application Number **101796359** Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
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50										
Total Indep							7			
Total Depend							38			
Total Claims							45			